THE MINISTER OF STATE IN THE MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS AND THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI P. CHIDAMBARAM). (a) No, Sir. However, in 1988 the Mess Committee of the Probationers dismissed 6 employees from service of whom 5 belonged to the Scheduled Castes. The Mess employees are not Government servants.

(b) The Mess Committee found them responsible for acts of indiscipline.

(c) No, Sir.

Objection of Joint Action Council of Service Doctors' Organisations

1618. SHRI CHATURANAN MISHRA:
SHRI M. S. BALARAM:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Joint Action Council of Service Doctors' Organisation has objected to Additional Secretary of Health, Mr. M. S. Dayal's letter published in the *Times of India* on July 3, 1989 to the effect that agitation was a collective termination in pursuit of collective loot;

(b) if so, the details thereof; and

(c) the action taken thereon?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) Yes, Sir.

(b) and (c) The matter is under consideration.

संसदीय सौध स्थित चिकित्सा केन्द्र में चिकित्सीय विशेषज्ञों की वैकल्पिक व्यवस्था

1619. श्री अजीत जोगी :
ठाकुर जगतपाल सिंह :

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि संसदीय सौध स्थित चिकित्सा केन्द्र में तैनात विशेषज्ञों के लम्बी छुट्टी पर चले जाने पर कोई वैकल्पिक व्यवस्था नहीं की जाती जिससे सभा सदस्यों को बड़ी असुविधा होती है ;

(ख) क्या यह सच है कि इस वर्ष जुलाई में उक्त केन्द्र में तैनात दस्त चिकित्सा विशेषज्ञ लम्बी छुट्टी पर थे और इस संबंध में कोई वैकल्पिक व्यवस्था नहीं की गई ; और

(ग) यदि हाँ, तो क्या सरकार भविष्य में वैकल्पिक व्यवस्था करने का विचार रखती है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री रफीक आलम) : (क) और (ख) साधारणतया संसद सौध के चिकित्सा केन्द्र से संबद्ध किसी विशेषज्ञ के छुट्टी पर जाने की दशा में वैकल्पिक व्यवस्था की जाती है । इस केन्द्र में तैनात दंत सर्जन चिकित्सा की छुट्टी के दौरान प्रशासनिक कठिनाइयों के कारण कोई भी वैकल्पिक व्यवस्था नहीं की जा सकी ।

(ग) जी, हां ।

Retesting of Homoeopathic Drugs

1620. SHRI CHIMANBHAI MEHTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether all homoeopathic products purchased by the Central Government have to be tested at Homoeopathic Pharmacopoeia Laboratory, Ghaziabad;

(b) if so, under what provision of law it is done and what remedial steps have been laid down for re-testing of such products under the Drugs and Cosmetic Act;

(c) whether Government have made any provision for re-testing of the products at other place if an appeal is made by the manufacturer against the tests conducted at Ghaziabad; and

(d) if so, what are the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) to (d) Yes, Sir. All Homoeopathic medicines purchased by Central Govt. for supplying to CGHS dispensaries are got tested from Homoeopathic Pharmacopoeia Laboratory, Ghaziabad (Government Laboratory) to ensure quality control. There is no provision for re-testing of these medicines in Laboratories other than the Government Laboratories. However, the manufacturer may get re-testing from private laboratories at his own cost, but such a report is not binding on the Government.

1621. [*Transferred to the 7th August*, 1989]

Incentives to Doctors Serving in Rural Areas

1622. SHRI S. S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether some special monetary and other incentives are given to doctors for serving in rural areas;

(b) whether these incentives to doctors have proved effective to encourage them to serve in rural areas;

(c) if so, to what extent and if not, whether Government propose to provide sufficient incentives to doctors to serve in rural areas; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) to (d) In order to attract doctors to serve in rural areas, the 8th Finance Commission, on the suggestions of the Ministry of Health and F.W. has provided special funds to States for providing the following incentive to doctors serving in rural areas and not allowed private practice:—

(i) A rural allowance equal to 25 per cent of the basic pay subject to a maximum of Rs 250/- per month for the doctors serving in PHCs and

(ii) House rent allowance at the rate of Rs. 15/- per month where the doctors are not provided residential accommodation, in addition, the Finance Commission has made sepcial provision ..of Rs. 53.52 crores for construction of residential quarters for the doctors, 9th Finance Commision has also recommended an outlay of Rs. 946.36 lakhs for construction of additional quarters for doctors working in PHCs.

Consequent to the introduction of these incentives, there appears to be at present better deployment of doctors in rural areas and only 111 Primary Health Centres out of a total of 18,939 or 0.58 per cent were without doctors on 31st March, 1989 according to reports from State Goverments.

Import of Psychotherapeutic Drugs

1623. SHRI CHITTA BASU:
DR. (SHRIMATI) SAROJINI MAHISHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Starred Question No. 111 given in Rajya Sabha on the 2nd May, 1989 and state:

(a) what are the imports of various Psychotherapeutic drugs during the last 3 years, year-wise and whether it is a fact that some of them are being imported at a price of Rs. 1 lakh per Kg.;

(b) whether it is a fact that multinationals are sending country's money abroad;

(c) whether it is also a fact that loot of the Indian public and the country is mainly on account of the baseless views of his Ministry on the subject; and

(d) what steps have been taken to reconsider the matter and fix responsibility for helping the multinations?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) The list of Psychotherapeutic drugs imported during last three years and their cost, as available with this Ministry, is given in the Annexure I [*See* Ap-